08456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWPORT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARUETTA (Middle) VERA (Last) BOWLING

4. DATE OF DEATH (Month) AUGUST (Day) 16 (Year) 1952

5. SEX FEMALE

6. COLOR OR RACE WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH AUGUST 10, 1952

9. AGE last birthday yrs. If under 1 year Months Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME WALTER W. BOWLING, JR.

14. MOTHER'S MAIDEN NAME WINIFRED GARNER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS WALTER W. BOWLING, JR., NEWPORT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE, MIDDLE MENINGEAL ARTERY, RIGHT.	6 DAYS.
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ATALECTASIS, BILATERAL LOWER LOBES	7 DAYS
	(c) PERITONITIS, RECENT, CAUSE UNDETERMINED	?24 HOURS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from AUGUST 10, 1952, to AUGUST 16, 1952, that I last saw the deceased alive on AUGUST 16, 1952, and that death occurred at 9 30 P.M. E.S.T., from the causes and on the date stated above.

SIGNATURE John H. Griffin, (Degree or title) M.D. ADDRESS Hughesville, Md. DATE SIGNED 8/17/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 8-18-52 NAME OF CEMETERY OR CREMATORY Deutsville M.E. LOCATION (City, town, or county) Deutsville (State) MD

DATE REC'D BY LOCAL REG. 8/18/52 8/19/52 REGISTRAR'S SIGNATURE Julia H. Pasey 2082243404

24. FUNERAL DIRECTOR Hunt & Ryon Waldorf MD ADDRESS

VS-A1

RECEIVED
AUG 22 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08457

Reg. Dist. No. 108

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata MD

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Bernice (Last) Farmer

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: apr 8-1913

9. AGE last birthday: 39 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? MD.

13. FATHER'S NAME: Joseph P. Johnson

14. MOTHER'S MAIDEN NAME: Mary E. Darsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-16-8938

17. INFORMANT & ADDRESS: Joseph Farmer. Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

DUE TO

410X

Antecedent cause(s) (b) Cor Pulmonale

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Mitral Stenosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1952 to Aug 16, 1952 that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE Richard F. Daly (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED Aug 16 '52

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: DATE THEREOF 8-19-52 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) La Plata (State) Md

DATE REC'D BY LOCAL REG. 8/18/52 8/19/52 REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryon Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08458

Reg. Dist. No. 103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md.~~ N. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Durham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Olin (Last) Fore
4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: Negro
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Jan. 6 1922
9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Auction
11. BIRTHPLACE (State or foreign country): Aynor S. C.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Ernest Fore
14. MOTHER'S MAIDEN NAME: Susie Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 137-20-1397
17. INFORMANT AND ADDRESS: Dorothy Fore, Hally Springs, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8124

Immediate cause (a) Compound fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hit by auto; Pedestrian

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public | (CITY OR TOWN) N. Hwy LaPlata | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 8/1/52 7P m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. A. Adelen (Degree or title) MD ADDRESS LaPlata Md DATE SIGNED 8-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-5-52 | NAME OF CEMETERY OR CREMATORY Hally Springs | LOCATION (City, town, or county) Hally Springs (State) N.C.

DATE REC'D BY LOCAL REG. 8/4/52 | REGISTRAR'S SIGNATURE Julia H. Posey | 24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf, Md.

RECEIVED
AUG 7 1952
BUREAU V. S

08459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10-6

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryns Road
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) Martin (Last) Hicks
4. DATE OF DEATH (Month) 8-22-52 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-12-95
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Septic Tanks
11. BIRTHPLACE (State or foreign country) Chicago Ill
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Saul Hicks
14. MOTHER'S MAIDEN NAME Stella Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 241-30-8886
17. INFORMANT AND ADDRESS Maud Hicks (Wife) Bryns Road, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-52, 19....., to 8-22-52, 19....., that I last saw the deceased alive on 8-22-52, 19....., and that death occurred at 12-30 A.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Indian Head Md. DATE SIGNED 8-22-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 8-25-52 NAME OF CEMETERY OR CREMATORY Mont Cecon Memorial LOCATION (City, town, or county) Raleigh (State) N.C.

DATE REC'D BY LOCAL REG. 8/27/52 REGISTRAR'S SIGNATURE Odey Prise
24. FUNERAL DIRECTOR Hunt + Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 19
BUREAU V. S

08460

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
LENGTH OF STAY (In this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Iron Sides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Busby (Last) Janifer

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1952

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 14. 1887

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Overton N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Durham

14. MOTHER'S MAIDEN NAME Hannah Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Preston Janifer, Ironsides Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	3 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank [illegible] (Degree or title) ADDRESS Indian Head Md DATE SIGNED 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-31-52
NAME OF CEMETERY OR CREMATORY Mt. Hope Baptist
LOCATION (City, town, or county) (State) Ironsides Md

DATE REC'D BY LOCAL REG. 8-30-52
REGISTRAR'S SIGNATURE Mary M. Sutherland

24. FUNERAL DIRECTOR Penny & Coper Mason Springs Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 3 1952
BUREAU V. S.

08461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100 ~~105~~

1. PLACE OF DEATH · COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcolm Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcolm
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Joseph (Last) Newman
4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1952
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Apr 8 - 1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tenant
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Newman
14. MOTHER'S MAIDEN NAME Jennie Proctor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Emma Newman. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH 24 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Aug, 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Hm Rector, MD
ADDRESS Aquasco Md
DATE SIGNED Aug 25 1952

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~
DATE THEREOF 8-27-52
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) (State) Waldoy Md

DATE REC'D BY LOCAL REG. 8/27/52 8/29/52
REGISTRAR'S SIGNATURE [illegible] Julia H Basey
24. FUNERAL DIRECTOR Hunt & Ryan
ADDRESS Waldoy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 12
BUREAU V.

Item 1 FilmG145 8/12/52 whw

08462

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Thomas (Last) Posey
4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-31-31
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schaeffer
10b. KIND OF BUSINESS OR INDUSTRY For Contractor
11. BIRTHPLACE (State or foreign country) Nanjemoy Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Norman Carroll Posey
14. MOTHER'S MAIDEN NAME Marguerite Bateman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-26-7160
17. INFORMANT AND ADDRESS Norman Carroll Posey Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.4

Immediate cause (a) Compound frac of skull — 8-2-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Auto driven by him, overturned — 8-2-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Nanjemoy (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 2 (Year) 52 (Hour) 8 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto overturned

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) md ADDRESS La Plata Md DATE SIGNED 8-4-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-6-52 NAME OF CEMETERY OR CREMATORY St Ignatious LOCATION (City, town, or county) Hill Top (State) Md

DATE REC'D BY LOCAL REG. 8/4/52 REGISTRAR'S SIGNATURE M. L. Thomas
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 5
BUREAU V. S.

[redacted] C40

8/5/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08463

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (in this place) Two Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Montgomery County, Pa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pottstown Pa.
STREET ADDRESS (If rural, give location) 550-Chestnut St

3. NAME OF DECEASED (Type or Print): (First) Ruth Bessie (Middle) (Last) Schultz
4. DATE OF DEATH: (Month) 8-16-52 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: W*US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-27-92
9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Pensylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Allen Evans
14. MOTHER'S MAIDEN NAME: Mamie Knauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 197-09-346
17. INFORMANT AND ADDRESS: Mrs. Grace Dillon, (Daughter) Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2-Hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	Indefinite
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-52, 19..., to 8-16-52, 19..., that I last saw the deceased alive on 8-16-52, 19..., and that death occurred at 2:30 AM m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) | ADDRESS Indian Head Md | DATE SIGNED 8-17-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE 8-17-52 | NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery | LOCATION (City, town, or county) (State): Pottstown Pa

DATE REC'D BY LOCAL REG. 8/17/52 | REGISTRAR'S SIGNATURE O Ley Price

24. FUNERAL DIRECTOR: Huntt & Ryon | ADDRESS: Waldorf Md.

RECEIVED
SEP 8 1952
BUREAU V. S.

08464

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bennedict
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henderson Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Virginia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warrenton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Franklin Smith
4. DATE OF DEATH (Month) (Day) (Year): Aug 3 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Nov 29 1907
9. AGE last birthday: 44 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Smith Oldsmobile Inc
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mordecia F Smith
14. MOTHER'S MAIDEN NAME: Mary Louise Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes - 3/6/41 6/4/41
16. SOCIAL SECURITY NO.: 579-12-7215
17. INFORMANT AND ADDRESS: Silver Spring Md. Elwood Smith 306 Dale Dr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 4 days

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: George Hm Rector M.D. (Degree or title) ADDRESS: Hangsco Md DATE SIGNED: Aug 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 6 1952
NAME OF CEMETERY OR CREMATORY: Arlington Natl
LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: 8-4-52 8-8-52
REGISTRAR'S SIGNATURE: M. L. Moore Julia H. Pasey
24. FUNERAL DIRECTOR: W A Chambers Co 517-11 St S.E. Wash D.C.
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1952
BUREAU M. S.

08465

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Bernace A. Southerland

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Nellie Southerland

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Jan. 2, 1870

8. AGE: Years: 82 Months: 7 Months Days: — If less than one day: hrs. min.

9. Birthplace: Rison Chas Co. Md. (Town, county, and state)

10. Usual occupation: Farmer - Owner 442X

11. Industry or business

FATHER 12. Name: Walter A Southerland

13. Birthplace

MOTHER 14. Maiden name: Harriett Franklin

15. Birthplace: Charles Co. Md

16. Informant: Nellie Southerland

Address: Rison Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 21 1952 (month) (day) (year)

Cemetery or crematory: Methodist.

Location: Chicamuxen

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. Aug. 20 1952 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 19 1952 at 11 05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1906 to Aug 19 1952 and that I last saw him alive on Aug 17 1952

Immediate cause of death: Cardio-vascular-renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell Mt. M. D. or other

Address: Marbury Md Date signed: Aug 19 '52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 25 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08466

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Alexander (Last) Turner II

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 23, 1873

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Beef

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Alexander Turner 1st.

14. MOTHER'S MAIDEN NAME: Marguerite Jameson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry A. Turner 3rd, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

593X

Immediate cause (a) Uremia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Nephritis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8-2-52

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 8-5, 1952; that I last saw the deceased alive on 8-5, 1952, and that death occurred at 11.40 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R. Edelen M.D. ADDRESS La Plata, Md. DATE SIGNED 8/6/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF Aug 8 1952 — NAME OF CEMETERY OR CREMATORY St. Paul — LOCATION (City, town, or county) (State) Waldorf Md.

DATE REC'D BY LOCAL REG. 8/7/52 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

RECEIVED
AUG 11 1952
BUREAU V. S.